



## ARIZONA EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS

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*Program Name*

[Date]

[Parent's Name]

[Mailing Address]

Dear [Parent's Name]:

Thank you for your interest in pursuing eligibility through the Arizona Early Intervention Program. This letter is to let you know that based upon the discussions with your family, the review of information, the assessment and the evaluation conducted, it has been determined that your child, [child's name], is not eligible for early intervention services through the Arizona Early Intervention Program.

If you disagree with this finding and believe that your child is eligible for early intervention services you may use any of the ways described in the Procedural Safeguards for Families Booklet for resolving disagreements. You should have received a copy of this Booklet. Please let me know if you would like another copy of the Booklet. You may also find this information on the DES/AzEIP website at <http://www.azdes.gov/azeip/>.

If you need help with this or if you have any questions, please call me at [telephone number].

Sincerely,

[Name]

IPP Team Lead

[Program Name]

[Program Address]